UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

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ORIGINAL

TEMPORARY FORM D

922250

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

Mail Processing Section

MAR 1 1 2009

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Washington, OC Name of Offering ([] check if this is an amendment and name has changed, and indicate change.) 1001 Preferred Investors, L.P. - Offering of Limited Partnership Interests [] ULOE Rule 504 [x] Rule 506 []Section 4(6) Filing Under (Check box(es) that apply): [] Rule 505 [] New Filing [x] Amendment Type of Filing: A. BASIC IDENTIFICATION DATA Enter the information requested about the issuer Name of Issuer ([] check if this is an amendment and name has changed, and indicate change.) Preferred Investors, L.P. Telephone Number (Including Area Code) (Number and Street, City, State, Zip Code) Address of Executive Offices CT Preferred Investors Capital Management, LLC, 802 West Broadway, (307) 733-8229 Jackson, Wyoming 83001 Telephone Number (Including Area Code) (Number and Street, City, State, Zip Code) Address of Principal Business Operations (if different from Executive Offices) same as above same as above MAR 2 7 2009 Brief Description of Business Investments in securities Type of Business Organization [] other (please specify corporation [x] limited partnership, already formed] limited partnership, to be formed] business trust Month Year [x] Actual [03] [91] Actual or Estimated Date of Incorporation or Organization: [] Estimated Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:

GENERAL INSTRUCTIONS Note: This is a special Temporary Form D (17 CFR 239.500T) that is available to be filed instead of Form D (17 CFR 239.500) only to issuers that file with the Commission a notice on Temporary From D (17 CFR 239.500T) or an amendment to such a notice in paper format on or after September 15, 2008 but before March 16, 2009. During that period, an issuer also may file in paper format an initial notice using Form D (17 CFR 239.500) but, if it does, the issuer must file amendments using Form D (17 CFR 239.500) and otherwise comply with all the requirements of § 230.503T.

CN for Canada; FN for foreign jurisdiction)

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 100 F Street, N.E., Washington, D.C. 20549.

Copies Required: Two (2) copies of this notice must be filed with the SEC, one of which must be manually signed. The copy not manually signed must be a photocopy of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

SEC 1972 (9-08)

Persons who respond to the collection of information contained in this form are not required to respounless the form displays a currently valid OMB control number.



09035879

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition, of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

			<u> </u>								
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner [x] General and/or Managing Partner	[] Executive Officer	[] Director								
Full Name (Last name first, if ind				_							
CT Preferred Investors Capi											
Business or Residence Address (N	Number and Street, City, State, Zip Code)										
5237 HHR Ranch Road, Suit											
Check Box(es) that Apply:	Promoter Beneficial Owner	[x] Executive Officer	[] Director								
Check Box(es) that Apply.	[x] General and/or Managing Member		[] =								
Full Name (Last name first, if ind	ividual)										
Tozzi, John R.											
Business or Residence Address ()	Number and Street, City, State, Zip Code)										
c/o Cambridge Investments, Ltd., 5237 HHR Ranch Road, Suite A, Wilson, WY 83014											
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner	[] Executive Officer	[] Director								
	[x] General and/or Managing Member										
Full Name (Last name first, if ind	ividual)										
Tozzi, John C.											
	Number and Street, City, State, Zip Code)	•									
	pital Management, LLC, 5237 HHR Ranch Ros	id, Suite A, Wilson, WY 83014	,								
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner	[] Executive Officer	[] Director								
	[x] General and/or Managing Member	• •									
Full Name (Last name first, if ind											
Cohen, Harold K.	•										
	Number and Street, City, State, Zip Code)										
	East 42nd St -31st Floor, NYC, NY 10165										
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner	[] Executive Officer	[] Director	_							
Check Box(co) that i spily.	x General and/or Managing Member	() =									
Full Name (Last name first, if ind		· · · · · · · · · · · · · · · · · · ·									
Tozzi Finnegan, Courtney											
	Number and Street, City, State, Zip Code)										
	td., 5237 HHR Ranch Road, Suite A, Wilson, V	WV 83014									
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner	Executive Officer	[] Director	_							
Check Box(es) that Apply.	[] General and/or Managing Partner	1 J Excentive Officer	() Director								
Full Name (Last name first, if ind											
run Name (Last name mist, ii mu	iiviquai)										
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Check Box(es) that Apply:	[] Promoter [] Beneficial Owner	[] Executive Officer	[] Director								
Check Box(es) mar Apply.	[] General and/or Managing Partner	1 1 Executive Officer	[] Director								
Full Name (Last name first, if ind											
run Name (Last name mst, ii mu	iividdai)										
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Check Box(es) that Apply:	[] Promoter [] Beneficial Owner	Executive Officer	[] Director								
Check Box(es) that Apply.	[] General and/or Managing Partner	[] Executive Officer	[] Director								
Full Name (Last name first, if ind	_ 										
i un ivame (Last name mst, il mu	irriduai) i										
Duciness of Decidence Address O	Number and Street City State 7 in Code)	· · · · · · · · · · · · · · · · · · ·									
Business or Residence Address (Number and Street, City, State, Zip Code)											
	(Use blank sheet, or copy and use additional copie	es of this sheet, as necessary.)									

					B. INI	FORMAT	ΓΙΟΝ AΕ	OUT O	FFERING	G				
•	<u> </u>		<u>-</u>	<u> </u>									Yes	No
	. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE.										[]	[x]		
2. V	Vhat is the r May be wa	ninimum i i ved at th e	nvestment e sole disci	that will b	e accepted he Genera	from any i I Partner	individual'	?					\$500,000*	No
3. E	Ooes the offe	ering perm	it joint own	nership of	a single un	ait?							Yes [x]	No []
re a	Enter the informuneration gent of a brue listed are	n for solici oker or dea	tation of po aler registe	urchasers i red with th	in connecti he SEC an	ion with sa d/or with a	les of secu state or st	rities in th ates, list th	e offering. ne name of	If a perso the broke	on to be lis r or dealer	ted is an a: . If more t	ssociated per han five (5) p	son or persons to
Full N	ame (Last r	name first,	if individua	al)				-						
Busine	ess or Resid	ence Addr	ess (Numb	er and Stre	eet, City, S	tate, Zip C	ode)							
Name	of Associat	ed Broker	or Dealer	(···					
States	in Which P	erson Liste	d Has Soli	icited or In	tends to So	olicit Purch	nasers	 	<u>-</u> .		 .			
	(Check	"All State:	s" or check	! c individua	d States)	******************				•••••	,.,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	[]All S	States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] MS] [OR] [WY]	[ID] [MO] [PA] [PR]	
Full N	ame (Last r	name first,	if individu	al)	 .									
Busine	ess or Resid	lence Addr	ess (Numb	er and Stre	eet, City, S	tate, Zip C	ode)		·		<u> </u>		<u></u>	
Name	of Associat	ted Broker	or Dealer						-	<u></u>			#00x	
States	in Which P	erson Liste	d Has Soli	icited or In	itends to S	olicit Purch	nasers						***	
	(Check	"All State	s" or check	individua	al States)	***************************************							[] All	States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [Mi] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	
Full N	lame (Last r	name first,	if individu	al)		 .						<u> </u>		
Busin	ess or Resid	lence Addr	ess (Numb	er and Stre	eet, City, S	itate, Zip C	ode)						·	
Name	of Associat	ted Broker	or Dealer											
States	in Which P	erson Liste	ed Has Soli	icited or In	tends to S	olicit Purch	nasers				_			
	(Check	"All State	s" or check	c individua	l States)							••••	[] All S	States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[ÅR] [KS] [NH] [ŤN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [*] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	
				Use blank	sheet, or	copy and u	se addition	nal copies o	of this shee	t, as neces	sary.)			

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total 1: amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box [] and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Type of Security Amount Already Aggregate Offering Price Sold Debt Equity [] Common [] Preferred Convertible Securities (including warrants) Partnership Interests..... 193,090,990 500,000,000 Other (specify) Total..... 500,000,000 Answer also in Appendix, Column 3, if filing Under ULOE Enter the number of accredited and non-accredited investors who have purchased 2. securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Dollar Amount Number Investors of Purchases Accredited Investors 69 193,090,990 0 0 Non-accredited Investors Total (for filings Under Rule 504 Only)..... N/A N/A Answer also in Appendix, Column 4 if filing under ULOE If this filing is for an offering Under Rule 504 or 505, enter the information requested for 3. all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Dollar Amount Type of offering Type of Security Sold N/A N/A Rule 505..... Regulation A..... N/A N/A N/A Rule 504..... N/A Total N/A N/A a. Furnish a statement of all expenses in connection with the issuance and distribution of 4. the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. 40,000 10,000_

50,000

	 b. Enter the difference between the aggregate offering price gives – Question 1 and total expenses furnished in response to Part C difference is the "adjusted gross proceeds to the issuer." 	- Question 4.a.	This			\$ 499,950,000	
5.	Indicate below the amount of the adjusted gross proceeds a proposed to be used for each of the purposes shown. If the amount known, furnish an estimate and check the box to the left of the payments listed must equal the adjusted gross proceeds to response to Part C – Question 4.b above.	ount for any purpo he estimate. The	se is total				
	;				to Officers, & Affiliates	Payments To Other	
	Salaries and fees		[]	,	[]	s	
	Purchase of real estate		[]	\$	[]	s	
	Purchase, rental or leasing and installment of machinery and	l equipment	[]	S	[]	s	
	Construction or leasing of plant buildings and facilities		[]	\$	[]	\$	
	Acquisition of other businesses (including the value of secu in this offering that may be used in exchange for the assets of another issuer pursuant to a merger)	of securities	[]	\$	[]	\$	
	Repayment of indebtedness		[]	\$	(]	s	
	Working capital		[]	\$	[]	\$	
	Other: Investments in securities		[]	\$	[x]	\$ 499,950,000	
	Column totals		[]	\$	[x}	\$ 499,950,000	
	Total payments listed (column totals added)	***************************************		[x] S	499,950,0	00	
	D. FEDN	ERAL SIGNATU	en r				
consti	suer has duly caused this notice to be signed by the undersigned duly tutes an undertaking by the issuer to furnish to the U.S. Securities and uer to any non-accredited investor pursuant to paragraph (b)(2) of Ru	authorized person Exchange Comm	. If thi	s notice is filed upon written re	under Rule 505, quest of its staff,	the following signature the information furnishe	
leeuer	(Print or Type)	Signature				Date	
	erred Investors, L.P.	A TOSX				3/5/09	
By: C Gene	of Signer (Print or Type) CT Preferred Investors Capital Management, LLC, ral Partner Tozzi	Title of Sig	ner (Pri		· · · • •		

END

Attention

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)